



Office of Public Instruction  
Linda McCulloch, Superintendent  
PO Box 202501  
Helena, MT 59620-2501

## SERVICES PLAN FOR PARENTALLY PLACED CHILD WITH DISABILITIES IN A PRIVATE SCHOOL

Student's Name	Initials	Birth Date	Age	Gender M F	Grade	Today's Date
Parent(s) Name		Parent(s) Address			Home Phone	
					Work Phone/Cell Phone	
					Email Address	
Private Elementary or Secondary School		Public School District in Which Student Resides			Public School District Providing Services	
<b>Optional Child Count Information</b>						
Disability Category				Race and Ethnicity		
<b>Optional Proportionate Share Information</b>						
District Total Proportionate Share Calculation: \$				Estimated Cost of Service Plan: \$		
<b>Educational Concerns</b>						
<b>Parents:</b>						
<b>Private School Representative:</b>						
<b>Public School Representative:</b> (Based on information from the most recent Child Study Team meeting)						
<b>Service Delivery Plan Schedule</b>						
<b>Date of Initiation of Services:</b>		<b>Anticipated Duration of Services:</b>				
<b>Description of Service(s) to be Provided by the Public School</b>		<b>Hours Per Week</b>		<b>Location</b>		
Direct Service						
Consultation						
Teacher Training						
Instructional Materials						
Equipment						
Transportation						

<b>Measurable Annual Goal(s) for Direct Service(s)</b>			
<b>Documentation Of Participation In Meeting</b>			
The following individuals, as indicated by their signatures, participated in the development of this Services Plan.			
Parent/Guardian /Surrogate	Date	Parent/Guardian/Surrogate	Date
Private School Representative	Date	District of Service Representative	Date
Signature/Position	Date	Signature/Position	Date
Other	Date	Other	Date
<b>Notice To Parent Regarding Availability Of A Free Appropriate Public Education (FAPE)</b>			
<p>A child with disabilities, enrolled in a private school by a parent, has no right to receive some or all of the special education and related services that would be available if the child was enrolled in the public school. The district in which your child resides will provide free appropriate public education in accord with the Individuals with Disabilities Education Act (IDEA) if your child is enrolled 100 percent of the day in the public school. Please contact _____ at the public school district if you plan to enroll your child in the public school and want an Individualized Education Program (IEP) to provide special education and related services for your child.</p>			
<b>Consent for Services As Identified In The Services Plan</b>			
I understand and consent to the services described in this Services Plan.			
_____ Parent/Adult Student		_____ Date	